



CATHOLIC GRADE SCHOOL SPORTS CONFERENCE MEDICAL HISTORY SHEET

STUDENT'S NAME: _____ DOB: _____

CIRCLE YES OR NO (FURTHER DESCRIBE YES ANSWER TO THE RIGHT)

- YES NO HISTORY OF HIGH BLOOD PRESSURE _____
 - YES NO HISTORY OF HEART OR BLOOD VESSEL DISEASE _____
 - YES NO LIVER OR KIDNEY PROBLEMS _____
 - YES NO PREVIOUS STROKES – C.V.A. _____
 - YES NO DIABETES _____
 - YES NO EPILEPSY _____
 - YES NO RESPIRATORY DIFFICULTIES _____
 - YES NO BROKEN BONES _____
 - YES NO SENSORY DISTURBANCES _____
 - YES NO ARTHRITIS OR JOINT PROBLEMS _____
 - YES NO SPECIAL DIET RESTRICTIONS _____
 - YES NO PRESENTLY HAVE ANY METAL IMPLANTS _____
 - YES NO PRESENTLY HAVE A PACEMAKER _____
 - YES NO ANY PRESENT VISUAL PROBLEMS _____
 - YES NO ANY PRESENT HEARING PROBLEMS (HEARING AID) _____
 - YES NO ANY UNUSAL REACTION TO HEAT OR COLD _____
 - YES NO ANY ALLERGIES _____
 - YES NO CONCUSSIONS (LIST DATES) _____
- LIST CURRENT MEDICATIONS _____
- _____

LIST PREVIOUS MAJOR HOSPITALIZATION/SURGERIES _____

PARENT OR GUARDIAN SIGNATURE

DATE

PHYSICAL EXAM BY PHYSICAN

Height (inches) _____
Blood Pressure _____
Vision _____

Weight (pounds) _____
Pulse _____
Contacts/glasses _____

WNL ABN

WNL ABN

HEENT _____

NECK _____

LUNGS _____

HEART _____

ABDOMEN _____

GENITALS _____

SKIN _____

NECK _____

SPINE _____

SHOULDER _____

 STABILITY _____

 IMPINGEMENT _____

ELBOW _____

WRIST _____

HAND _____

HIP _____

ANKLE _____

 ALIGNMENT _____

 STABILITY _____

FEET _____

KNEE _____

MCL _____

LCL _____

ACL _____

PCL _____

MENISCUS _____

PATELLA _____

PAIN _____

APPREHENSION _____

CREPITATION _____

FUNCTIONAL TEST _____

ONE LEG HOP _____

FULL SQUATS _____

NEEDS FURTHER EVALUATION YES NO
CLEARED FOR PARTICIPATION YES NO
COMMENTS: _____

PHYSICIAN'S/NURSE PRACTITIONER'S/PHYSICIAN'S ASSISTANT'S SIGNATURE

DATE